

Enhanced Form Instructions

This form has been enhanced to allow you to enter your information directly on your computer. Any areas that are highlighted in light gray, will allow data entry. Any place that you see this, ☐ it is a checkbox. All you need to do is click on it to check it.

To print correctly, **this form requires that you use Acrobat Reader 4.0.** This can be downloaded free at: <http://www.adobe.com/products/acrobat/readstep.html>
Uninstall any previous versions before installing version 4.0.

When you have completed your application, click on the print button at the bottom of the page and select pages 2 through 4 (page 1 is this page), to print it. Then bring or mail this application, along with any supplemental information to:

City of Gresham
Attn: Human Resources Department
1333 NW Eastman Pkwy
Gresham, OR 97030

If you have any questions, please contact the Human Resources Department at:
(503) 618-2676.



APPLICATION FOR EMPLOYMENT

CITY OF GRESHAM
1333 N.W. Eastman
GRESHAM, OREGON 97030

POSITION DESIRED _____ DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ MESSAGE PHONE _____ SOCIAL SECURITY # _____

Are you a member of the Public Employees' Retirement System (PERS)? If so, PERS Number _____

Have you ever been convicted of a felony? _____ Of a misdemeanor involving moral turpitude? _____ If "yes", explain below the nature of the offense, date and location. (Exclude those cases processed in juvenile court and minor traffic violations.) Convictions are evaluated in relation to the position.

EDUCATION TRAINING RECORD

NAME OF SCHOOL. LOCATION	TOTAL NO. OF CREDIT HOURS		TYPE OF TRAINING OR MAJOR	NAME OF CERTIFICATE OR DEGREE RECEIVED
	SEM	OTR		

LIST DRIVER'S LICENSE OR OTHER LICENSES OR CERTIFICATES REQUIRED BY THE ANNOUNCEMENT

TITLE OF LICENSE OR CERTIFICATE	NUMBER	ISSUING AGENCY	DATE ISSUED/DATE EXPIRED

SKILLS AND ABILITIES

LIST ANY SKILLS YOU HAVE WHICH ARE PERTINENT TO THE POSITION

REFERENCES (Work Related)

1. NAME ADDRESS PHONE OCCUPATION
2. NAME ADDRESS PHONE OCCUPATION
3. NAME ADDRESS PHONE OCCUPATION

EQUAL OPPORTUNITY EMPLOYER

The City of Gresham does not discriminate in employment with regard to race, sex, age, religion, national origin or handicap.

List All Work Experience Including Military, Volunteer, and Intern Experience
(Attach Additional Pages If Necessary)

NAME OF PRESENT OR LAST EMPLOYER				KIND OF BUSINESS		ADDRESS	
<u>STARTING DATE</u>		<u>LEAVING DATE</u>		SALARY \$ _____ VOLUNTEER <input type="checkbox"/>		PHONE:	
MONTH	YEAR	MONTH	YEAR			REASON FOR LEAVING:	
JOB TITLE (PRESENT OR LAST)		NAME OF SUPERVISOR		SUPERVISORS JOB TITLE		MAY WE CONTACT?	
JOB DUTIES							

NAME OF NEXT PREVIOUS EMPLOYER				KIND OF BUSINESS		ADDRESS	
<u>STARTING DATE</u>		<u>LEAVING DATE</u>		SALARY \$ _____ VOLUNTEER		PHONE:	
MONTH	YEAR	MONTH	YEAR			REASON FOR LEAVING:	
JOB TITLE		NAME OF SUPERVISOR		SUPERVISORS JOB TITLE		MAY WE CONTACT?	
JOB DUTIES							

NAME OF NEXT PREVIOUS EMPLOYER				KIND OF BUSINESS		ADDRESS	
<u>STARTING DATE</u>		<u>LEAVING DATE</u>		SALARY \$ _____ VOLUNTEER		PHONE:	
MONTH	YEAR	MONTH	YEAR			REASON FOR LEAVING:	
JOB TITLE		NAME OF SUPERVISOR		SUPERVISORS JOB TITLE		MAY WE CONTACT?	
JOB DUTIES							

NAME OF NEXT PREVIOUS EMPLOYER				KIND OF BUSINESS		ADDRESS	
<u>STARTING DATE</u>		<u>LEAVING DATE</u>		SALARY \$ _____ VOLUNTEER		PHONE:	
MONTH	YEAR	MONTH	YEAR			REASON FOR LEAVING:	
JOB TITLE		NAME OF SUPERVISOR		SUPERVISORS JOB TITLE		MAY WE CONTACT?	
JOB DUTIES							

TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE INFORMATION IS ACCURATE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISQUALIFICATION OR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT OUR EMPLOYMENT DECISION.

DATE _____ SIGNATURE _____

CITY OF GRESHAM

CONFIDENTIAL APPLICANT INFORMATION

The City of Gresham is dedicated to a policy of equal opportunity in employment without regard to race, religion, sex, national origin, age, marital status, physical or mental disability or political affiliation.

The following information is necessary for the City of Gresham to monitor its hiring practices consistent with its commitment to further the principle of Equal Employment Opportunity and to prepare reports required by law for the State and Federal government. Providing this information is voluntary and will be kept confidential.

LAST NAME

FIRST NAME

MIDDLE

POSITION APPLYING FOR

APPLICATION DATE

SEX: Male Female

ETHNIC IDENTIFICATION (Please check the one category that best represents your ethnicity) :

WHITE (*not of Hispanic origin*): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK (*not of Hispanic origin*): All persons having origins in any of the black racial groups.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.

HOW DID YOU LEARN OF THIS EMPLOYMENT OPPORTUNITY? (Please specify source name)

Newspaper _____

Professional Magazine _____

State Employment Office _____

College Placement Office _____

Gresham Job Information Hotline

Gresham Employee

Walk-in

Other _____